

PSJ3

Exhibit 124



PER # 02020
Request for Educational Grant Payment

Initiator: Linda Kitlinski, Ext. 156
Title: Clinical Development and Education Manager

Therapeutic Category: Pain Management

cc: Legal

Institution/Organization	Program:	
Name: American Academy of Pain Medicine Attn: Kathryn M. Checea		Scientific/Educational Activity:
Address: 4700 West Lake Avenue Glenview, IL 60025-1485		

Tax ID: 36-3874208 Location:

Coordinator:

Name: Kathryn M. Checea	Type:
Title: Program Coordinator	
Phone: (847) 375-4765	
Fax: (847) 375-4777	

Check payable to: American Academy of Pain Medicine Audience Size:

Notes: No CE agreement needed – annual corporate membership dues.
Please send check by 2/25. Composition:

Expenses:	Hotel:	Meals:	Ground:	Air:	Other:	Total:
Estimated:						
Actual:						
Explanation:						

Payments:	Estimated:	Actual:	Pay Date:	Invoice #:
Grant:	\$5,000	\$5,000		
	Total Payments:	\$5,000		

Funding Sources: Charge Code: 666400-20010 Total Funding: \$5,000

Linda A. Kitlinski _____ Eileen M. Provost _____

Jeffrey R. Black _____ Carol A. Ammon _____